

(g) The Montana Status Indicator (SI) Codes

Each APC, CPT and HCPCS code has been assigned a letter that signifies whether the Montana Facility Fee Schedule will reimburse the service and how it will be reimbursed. The indicator also helps in determining whether policy rules, such as packaging and discounting, apply. Only Montana Status Indicator codes can be used to calculate reimbursements for services and supplies. Do not use Status Indicator codes other than A, B, D,F,G, H, K, L, N, P, S, T and X, and pay at the fee scheduled amount listed.

This SI codes list is for use only for determining APC reimbursements.

Montana Payment Status Indicators Code Chart

SI Code Indicator	Item/Code/Service	Payment Status
A	Services paid under fee schedule, for example Ambulance Services, Clinical Diagnostic Laboratory Services, Physical and Occupational Therapy	Use Ambulance fee schedule codes and reimbursements, and other codes when they are discussed in our fee schedules or <u>Montana Administrative Rules</u> ; otherwise, reimburse at 75 percent of usual and customary charges.
B	Non-allowed item or service	Not paid
D	Discontinued code	Not paid
F	Corneal Tissue Acquisition; Certain CRNA Services and Hepatitis B Vaccines	Paid
G	Drugs and Biologicals	Separate payment for Drug/Biological
H	(1) Device Categories (2)Therapeutic Radiopharmaceuticals	Separate payment for device categories and radiopharmaceuticals
K	Drugs and Biologicals	Separate payment for Drug/Biological
L	Influenza Vaccine; Pneumococcal Pneumonia Vaccine	Paid
N	Items and Services Packaged into APC Rates	No separate APC payment
P	Partial Hospitalization	Paid via per diem APC payment
S	Significant Procedure, Not Discounted when Multiple Instances	Paid as a separate APC payment subject to no discounting on second procedure if present
T	Significant Procedure, Multiple Reduction Applies	Paid as a separate APC payment subject to 50% discount on second procedure if present
X	Ancillary Services	Paid as a separate APC payment.

Comment Indicators (CI) Code Chart

NI	New code or interim APC assignment	CI (Comment Indicator) Codes are included in the "(c) The Montana Hospital and ASC Outpatient Fee Schedule Organized by CPT/HCPCS" portion of this Montana Facility Fee Schedule.
CH	Active HCPCS code in current year and next calendar year, status indicator and/or APC assignment has changed; or active HCPCS code that will be discontinued at end of the current calendar year	

Q1	STVX-Packaged Codes	<p>Paid under OPPS; Addendum B displays APC assignments when services are separately payable.</p> <p>(1)Packaged APC payment if billed on the same date of service as a HCPCS code assigned status indicator "S," "T," "V," or "X."</p> <p>(2)In all other circumstances, payment is made through a separate APC payment.</p>
Q2	T-Packaged Codes	<p>Paid under OPPS; Addendum B displays APC assignments when services are separately payable.</p> <p>(1)Packaged APC payment if billed on the same date of service as a HCPCS code assigned status indicator "T."</p> <p>(2)In all other circumstances, payment is made through a separate APC payment.</p>
Q3	Codes That May Be Paid Through a Composite APC	<p>Paid under OPPS; Addendum B displays APC assignments when services are separately payable. Addendum M displays composite APC assignments when codes are paid through a composite APC.</p> <p>(1)Composite APC payment based on OPPS composite-specific payment criteria. Payment is packaged into a single payment for specific combinations of service.</p> <p>(2)In all other circumstances, payment is made through a separate APC payment or packaged into payment for other services.</p>
R	Blood and Blood Products	Paid under OPPS; separate APC payment.
S	Significant Procedure, Not Discounted when Multiple	Paid under OPPS; separate APC payment.
T	Significant Procedure, Multiple Reduction Applies	Paid under OPPS; separate APC payment.
U	Brachytherapy Sources	Paid under OPPS; separate APC payment.
V	Clinic or Emergency Department Visit	Paid under OPPS; separate APC payment.

X	Ancillary Services	Paid under OPPS; separate APC payment.
Y	Non-Implantable Durable Medical Equipment	Not paid under OPPS. All institutional providers other than home health agencies bill to DMERC.

Montana Payment Status Indicators

Indicator Item/Code/Service OPPS Payment Status

Not paid under OPPS. Paid by fiscal intermediaries/MACs under a fee schedule or payment system other than OPPS.

Not subject to deductible or coinsurance.

Not subject to deductible.

A

Services furnished to a hospital outpatient that are paid under a fee schedule or payment system other than OPPS, for example:

- Ambulance Services
- Clinical Diagnostic Laboratory Services
- Non-Implantable Prosthetic and Orthotic Devices
- EPO for ESRD Patients
- Physical, Occupational, and Speech Therapy
- Routine Dialysis Services for ESRD Patients
Provided in a Certified Dialysis Unit of a Hospital
- Diagnostic Mammography
- Screening Mammography

B

C

Codes that are not recognized by OPPS when submitted on an outpatient hospital Part B bill type (12x and 13x).

Inpatient Procedures

Not paid under OPPS.

- May be paid by fiscal intermediaries/MACs when submitted on a different bill type, for example, 75x (CORF), but not paid under OPPS.
- An alternate code that is recognized by OPPS when submitted on an outpatient hospital Part B bill type (12x and 13x) may be available.

Not paid under OPPS. Admit patient. Bill as inpatient.

I

Indicator Item/Code/Service OPPS Payment Status

[Sheet1](#)

Indicator Item/Code/Service OPPS Payment Status

[Sheet2](#)

Indicator Item/Code/Service OPPS Payment Status

[Sheet3](#)